### ARKANSAS DEPARTMENT OF HEALTH

OFFICE OF ALCOHOL TESTING BOX 8509 LITTLE ROCK, ARKANSAS 72215-8509

### **NO DRUG SCREENS**

# BLOOD ALCOHOL REPORT FORM FOR TRAFFIC RELATED ALCOHOL TESTING SAMPLES ONLY

| 1. SUBJECT  |  |  |   |   |  |   |
|---|--|--|---|---|--|---|
| 1   |  |  |   |   |  |   |
|   |  |  |   |   |  |   |
| i   | Last Name  |  | First N   | First Name Middle Name                                  |  | ame   |
|   | ADDRESS  |  | DATE OF BIRTH   |   | DRIVER'S LICENSE   |   |
|   |  |  | П.ПП.П  | Noncommercial   | (NC) or Commercial   | (CD)  |
| Street Address  |  | L  |   |   | No. of the second  | Revoked   |
| Olicet Address  |  |  |   |   | Suspended  | nevokeu   |
|   |  | ra-ray a ray a series (1)  | Male 1  |   |  |   |
| City  | State Zip  | Code   | Female 2 L  | State   | License Nur  | mber  |
| 2. INCIDENT   |  |  |   |   |  |   |
|   | County where incident  |  |   | 2020000 00 0  |  |   |
| Driver 1  | County where incident occurred.  | Type of Incid  | dent Condition  | n of Subject Incident                                   | Date -   | -   |
| Passenger 2   | (use first four letters)   | No Accident  | 1 No injury   | 1   | Mo. Da   | ay Year   |
| Pedestrian 3 L  | (use mist rour retters)  | Accident   | 2 Injury  | 2 Incident  | Time :   | ( ) a.m.  |
| Other 4   |  | Fatal Accident   | 3 Deceased  | 3   | Hr. Mi   |   |
|   |  |  |   |   |  | 11.   |
| İ   | 8*   | Officer Employ   | ed By: RETURN I   | RESULTS TO: PRINT fu                                    | II name and address  |   |
|   |  | 0.1  | 740   |   |  |   |
| Officer'  | s Signature  | City   | 1 —   |   | <del></del>  |   |
| *   | o organicario  | County<br>State Police   | 2   |   |  |   |
|   |  |  | 3   |   |  |   |
| Work Telephone Other 4  |  |  |   |   |  |   |
|   | F BLOOD OR URINE   | ONLY   |   |   |  |   |
|   |  |  |   |   |  |   |
|   | USED IN SAMPLE:(see back   | Charles and the second second  | Date Collected  |   |  | Requested By:                                     |
| mg potassium oxala  | (1% required for postmortem  | is)  | M   | o. Day Year   |  | Enforcement                                       |
| NONVOLATILE PR  |  |  | Time Collected  | [ ( / Odoject   |  |   |
|   | UIPMENT & CONTAINER U  | ISED   |   |   |  | riei  |
|   | OII MENT & CONTAINENTO   | GLD  | . н   | r. Min. ()p.r   | . ()   |   |
|   |  |  |   |   |  |   |
| 1   |  |  | 1   |   |  |   |
| Signa   | ture/Title of Person Drawing   | Blood  |   | Witness   | (Signature)  |   |
|   | ture/Title of Person Drawing   | Blood  |   | Witness   | (Signature)  |   |
| Signa 4. SAMPLE TRAN  |  | Blood  |   | Witness   | (Signature)  |   |
| 4. SAMPLE TRAN  | SFER   |  |   |   |  |   |
|   | SFER   |  | Signatur  |   |  |   |
| 4. SAMPLE TRAN  | SFER<br>Signature  | То   | Signatur  | 9   | Date   |   |
| 4. SAMPLE TRAN  | SFER   | То   | Signatur  | 9   | Date   |   |
| 4. SAMPLE TRAN  | SFER Signature Signature   | To   | Signatur  | 9   | Date   |   |
| From  | SFER<br>Signature  | To<br>To   | Signatur  | 9   | Date   |   |
| From  | SIgnature Signature Signature  | To<br>To   | Signatur  | 9   | Date   |   |
| From From From From   | SFER  Signature  Signature  Signature  Signature   | To To To   | Signatur<br>Signatur<br>Signatur  | 9 9   | Date Date Date Date  |   |
| From  | SFER  Signature  Signature  Signature  Signature  YSIS & RESULTS: Ark  | To To To ansas Depart  | Signatur<br>Signatur<br>Signatur<br>ment of Health (  | e<br>e<br>For PHL- Office of                            | Date Date Date Date  |   |
| FromFromFromFromFromFromFomFromFromFromFamily Sealed Mailer   | SFER  Signature  Signature  Signature  Signature  YSIS & RESULTS: Ark  | To T   | Signatur<br>Signatur<br>Signatur<br>ment of Health (  | e<br>e<br>e<br>For PHL- Office of                       | Date Date Date Date  |   |
| From From From From From Fam Sample ANAL Sealed Mailer Seal on Tube   | SFER  Signature  Signature  Signature  Signature  YSIS & RESULTS: Ark  Sealed Bioha  | To T   | Signatur Signatur Signatur ment of Health (   | For PHL- Office of                                      | Date Date Date Date  |   |
| FromFromFromFromFromFromSaled Mailer Seal on Tube Postmortem 1% NaF   | SFER  Signature  Signature  Signature  Signature  Signature  Sealed Biohand  Sealed M  Postmoor  | To T   | Signatur Signatur Signatur Ment of Health (  Blood Urine  | For PHL- Office of                                      | Date Date Date Alcohol Testing   | Use ONLY)   |
| From From From From From From From From   | SFER  Signature  Signature  Signature  Signature  Signature  Sealed Biohand  Sealed M  Postmony  N   | To T   | Signatur Signatur Signatur ment of Health (   | For PHL- Office of                                      | Date Date Date Alcohol Testing   |   |
| FromFromFromFromFromFromSaled Mailer Seal on Tube Postmortem 1% NaF   | SFER  Signature  Signature  Signature  Signature  Signature  Sealed Biohand  Sealed M  Postmony  N   | To T   | Signatur Signatur Signatur Ment of Health (  Blood Urine  | For PHL- Office of                                      | Date Date Date Alcohol Testing   | Use ONLY)   |
| From From From  From  Sealed Mailer Seal on Tube Postmortem 1% NaF NaF Satisfactory Received approximately  | SFER  Signature  Signature  Signature  Signature  YSIS & RESULTS: Ark  Sealed Bioh- Sealed M Postmory  N ml  | To To To To  Aansas Depart azard Bag lailer Tube rtem Form                                 | Signatur Signatur Signatur Ment of Health (  Blood Urine Occular  | For PHL- Office of                                      | Date Date Date Alcohol Testing OAT   | Use ONLY)   |
| From From From From From From From From   | SFER  Signature  Signature  Signature  Signature  Signature  Sealed Biohand  Sealed M  Postmony  N   | To To To To  Aansas Depart azard Bag lailer Tube rtem Form                                 | Signatur Signatur Signatur Ment of Health (  Blood Urine  | For PHL- Office of d 1 2 Fluid 3                        | Date Date Date Alcohol Testing OAT ALCOHOL   | Use ONLY) Sample No.                              |
| From From From  From  Sealed Mailer Seal on Tube Postmortem 1% NaF NaF Satisfactory Received approximately  | SFER  Signature  Signature  Signature  Signature  YSIS & RESULTS: Ark  Sealed Bioh- Sealed M Postmory  N ml  | To To To To  Aansas Depart azard Bag lailer Tube rtem Form                                 | Signatur Signatur  Signatur  Ment of Health (  Blood Urine Occular  Date of Test  | For PHL- Office of d 1 2 Fluid 3                        | Date Date Date Alcohol Testing OAT   | Use ONLY) Sample No.                              |
| From From From  From  Sealed Mailer Seal on Tube Postmortem 1% NaF NaF Satisfactory Received approximately  | SFER  Signature  Signature  Signature  Signature  YSIS & RESULTS: Ark  Sealed Bioh- Sealed M Postmory  N ml  | To To To To  Aansas Depart azard Bag lailer Tube rtem Form                                 | Signatur Signatur Signatur Ment of Health (  Blood Urine Occular  | For PHL- Office of d 1 2 Fluid 3                        | Date Date Date Alcohol Testing OAT ALCOHOL   | Use ONLY) Sample No.                              |
| From From From  From  Sealed Mailer Seal on Tube Postmortem 1% NaF NaF Satisfactory Received approximately  | SFER  Signature  Signature  Signature  Signature  YSIS & RESULTS: Ark  Sealed Bioh- Sealed M Postmory  N ml  | To To To To  Aansas Depart azard Bag lailer Tube rtem Form                                 | Signatur Signatur  Signatur  Ment of Health (  Blood Urine Occular  Date of Test  | For PHL- Office of d 1 2 Fluid 3 Ye                     | Date Date Date Date  Alcohol Testing  OAT  ALCOHOL ear  0  | Use ONLY)  Sample No.  TEST RESULTS  % w/v, Blood |
| From From From  Sealed Mailer Seal on Tube Postmortem 1% NaF NaF Satisfactory Received approximately Labeled in part  | SFER  Signature  Signature  Signature  Signature  YSIS & RESULTS: Ark  Sealed Bioh: Sealed M Postmon Y N ml  | To To To  Kansas Depart azard Bag lailer Tube rtem Form                                    | Signatur Signatur  Signatur  Ment of Health (  Blood  Urine Occular  Date of Test  Time of Test                                 | For PHL- Office of d 1 2 Fluid 3 Ye Mo. Day Ye Hr. Min. | Date Date Date Date  Date  Alcohol Testing  OAT  ALCOHOL ear 0                                     | Sample No.  TEST RESULTS  % w/v, Blood            |
| From From From From From From From Sealed Mailer Seal on Tube Postmortem 1% NaF NaF Satisfactory Received approximately Labeled in part I performed the ana   | SFER  Signature  Signature  Signature  Signature  YSIS & RESULTS: Ark  Sealed Bioh Sealed M Postmor  Y N ml Llysis of this sample in a   | ToToTo   | Signatur Signatur Signatur Ment of Health (  Blood Urine Occular  Date of Test  Time of Test                                    | For PHL- Office of d 1 2 Fluid 3 Ye Mo. Day Ye Hr. Min. | Date Date Date Date  Alcohol Testing  OAT  ALCOHOL ear  0  | Sample No.  TEST RESULTS  % w/v, Blood            |
| From From From From From From From From   | SFER  Signature  Signature  Signature  Signature  YSIS & RESULTS: Ark  Sealed Bioha Sealed M Postmon Y N ml  | To To To  To  Kansas Depart azard Bag lailer Tube rtem Form accordance with ment of Health | Signatur Signatur Signatur Ment of Health (  Blood Urine Occular  Date of Test  Time of Test  h the regulations and the laws of | For PHL- Office of d 1 2 Fluid 3 Ye Mo. Day Ye Hr. Min. | Date Date Date Date  Date  Alcohol Testing  OAT  ALCOHOL ear 0                                     | Sample No.  TEST RESULTS  % w/v, Blood            |
| From From From From From From From  Sealed Mailer Seal on Tube Postmortem 1% NaF NaF Satisfactory Received approximately Labeled in part  I performed the ana and requirements of the State of Arkans | SFER  Signature  Signature  Signature  Signature  YSIS & RESULTS: Ark  Sealed Bioth Sealed M Postmon Y N ml  Illysis of this sample in a of the Arkansas Departresas. All information co | To To To  To  Kansas Depart azard Bag lailer Tube rtem Form accordance with ment of Health | Signatur Signatur Signatur Ment of Health (  Blood Urine Occular  Date of Test  Time of Test  h the regulations and the laws of | For PHL- Office of d 1 2 Fluid 3 Ye Mo. Day Ye Hr. Min. | Date Date Date Date  Date  Alcohol Testing  OAT  ALCOHOL ear 0                                     | Sample No.  TEST RESULTS  % w/v, Blood            |
| From From From From From From From From   | SFER  Signature  Signature  Signature  Signature  YSIS & RESULTS: Ark  Sealed Bioth Sealed M Postmon Y N ml  Illysis of this sample in a of the Arkansas Departresas. All information co | To To To  To  Kansas Depart azard Bag lailer Tube rtem Form accordance with ment of Health | Signatur Signatur Signatur Ment of Health (  Blood Urine Occular  Date of Test  Time of Test  h the regulations and the laws of | For PHL- Office of d 1 2 Fluid 3 Ye Mo. Day Ye Hr. Min. | Date Date Date Date  Date  Alcohol Testing  OAT  ALCOHOL ear 0                                     | Sample No.  TEST RESULTS  % w/v, Blood            |
| From From From From From From From  Sealed Mailer Seal on Tube Postmortem 1% NaF NaF Satisfactory Received approximately Labeled in part  I performed the ana and requirements of the State of Arkans | SFER  Signature  Signature  Signature  Signature  YSIS & RESULTS: Ark  Sealed Bioth Sealed M Postmon Y N ml  Illysis of this sample in a of the Arkansas Departresas. All information co | To To To  To  Kansas Depart azard Bag lailer Tube rtem Form accordance with ment of Health | Signatur Signatur Signatur Ment of Health (  Blood Urine Occular  Date of Test  Time of Test  h the regulations and the laws of | For PHL- Office of d 1 2 Fluid 3 Ye Mo. Day Ye Hr. Min. | Date Date Date Date  Date  Alcohol Testing  OAT  ALCOHOL ear 0                                     | Sample No.  TEST RESULTS  % w/v, Blood            |
| From From From From From From From  Sealed Mailer Seal on Tube Postmortem 1% NaF NaF Satisfactory Received approximately Labeled in part  I performed the ana and requirements of the State of Arkans | SFER  Signature  Signature  Signature  Signature  YSIS & RESULTS: Ark  Sealed Bioth Sealed M Postmon Y N ml  Illysis of this sample in a of the Arkansas Departresas. All information co | ToToToToToTo   | Signatur Signatur Signatur Ment of Health (  Blood Urine Occular  Date of Test  Time of Test  h the regulations and the laws of | For PHL- Office of d 1 2 Fluid 3 Ye Mo. Day Ye Hr. Min. | Date Date Date Date  Date  Alcohol Testing  OAT  ALCOHOL  aar  O .   Zero poin  o the authenticity | Sample No.  TEST RESULTS  % w/v, Blood            |

#### **ORIGINAL**

## **INSTRUCTIONS**

- Anticoagulant and/or preservatives:
  - 1. Sodium fluoride is required as a preservative in a blood sample to be analyzed for ethanol by the Office of Alcohol Testing.
    - A. For living subjects, between 2.0 and 3.0 mg per ml of blood (.2% to .3%).
    - B. For postmortem subjects, 10 mg per ml of blood (1%). Complete a Traffic/Postmortem Blood Alcohol Sample Collection Form (AT-302) and submit along with this Blood Alcohol Report Form and blood sample.
  - 2. Potassium oxalate is desired as an anticoagulant.
- Test results of blood or urine are reported as % w/v, which is defined as grams of ethyl alcohol per 100 milliliters of blood.